

Cabinet Member Question and Answer Session

Resources and Corporate

Overview & Scrutiny Committee

Date: 27th October 2016

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| Author: | Cabinet Member for Adult Health and Social Care |
| Wards: | All |
| Locality Affected: | All |
| Parishes Affected: | All |

1. Purpose and Reasons

- 1.1 The purpose of the report is to provide the Resources and Corporate Overview and Scrutiny Committee with an opportunity to question the Cabinet Member for Adult Health and Social Care on his portfolio responsibilities and performance, and on ways to maximise income within his portfolio.
- 1.2 A key purpose of the Scrutiny function is to hold Cabinet to account and ensure that Council and partner's priorities and performance are being delivered. In particular, members are invited to measure progress towards achieving the Council's Vision, Priorities and Pledges.
- 1.3 Members of the Committee are reminded that all Members of the Cabinet are required to go before the Scrutiny Committee to take part in a Question and Answer session that will focus on the full remit of their portfolio. The Resources and Corporate Overview and Scrutiny Committee is therefore encouraged to focus its Question and Answer sessions with Cabinet Members on topics and/or service issues specific to the Terms of Reference of this Committee, as detailed in Article 6 of the Council's Constitution, in order to avoid duplication.

2. Recommendations

The Committee is recommended to:

- 2.1 Take note and put relevant questions to the Cabinet Member for Adult Health and Social Care and decide if any further action is required.

3. Detail

Portfolio Details

- 3.1 The Leader of the Council has assigned the following portfolio responsibilities to the Cabinet Member for Adult Health and Social Care:
 - 3.1.1 Adult Services (older people, people with a learning disability, physical disabilities, and mental health);
 - 3.1.2 Adult Voluntary Sector Contracts;

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- 3.1.3 Discharge duties under Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005 and other relevant legislation;
 - 3.1.4 Adult Local Safeguarding Board;
 - 3.1.5 Public Health – Adults including Health Improvement and Sexual Health;
 - 3.1.6 Supported Housing;
 - 3.1.7 Learning Disability Partnership Board;
 - 3.1.8 Maintaining links between the Council and partner organisations in the Health Services;
 - 3.1.9 SEQOL Client Lead Member;
 - 3.1.10 Specific Strategic Projects
 - 3.2 The Cabinet Member for Adult Health and Social Care Members is also responsible for delivering Priority Four and Pledges 26, 27' and 30 of Swindon's vision for 2016-2020. Priority Four focuses on supporting vulnerable adults to live as independently as possible and enjoy safe and fulfilling lives. The three pledges we are committed to in delivering this priority include:
 - 3.2.1 Working with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams (Pledge 26)
 - 3.2.2 Ensuring that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care. (Pledge 27)
 - 3.2.3 Reducing smoking prevalence to less than England average (Pledge 30)
 - 3.3 Background detail on activity, performance and financial information for 2015/16 are provided in the Appendix.

What have you done well?

Pledge 26: Joint working with CCG to help people with long term health and social care needs

Sustainable Transformation Plan
 - 3.4 The Health & Wellbeing Strategy, informed by the Joint Strategic Needs Analysis (JSNA), provides our joint vision with the CCG to deliver this pledge. We have aligned our resources through our joint commissioning intentions to achieve this
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vision and are working to having a pooled budget with the CCG in place by end the end of 2017. We have finalised and submitted our joint five-year plan (the 'Sustainable Transformation Plan') with the CCG to NHS England. The plan covers Swindon, Wiltshire, and Bath and North East Somerset. We have agreed an extension to our Community Navigators programme until June 2017. The Community Navigator project uses a community based coaching approach to work with residents to manage their own long-term health condition, encouraging self-care and increased confidence in living with their condition. This has not only improved people's quality of life but has resulted in a reduction in unnecessary visits to GP surgeries and hospital for people on the programme. The Community Navigator have worked with 497 individuals in the last 12 months, 117 were 75 or older.

Delayed Transfer of Care from Hospital

- 3.5 In January 2016, we established a joint programme with Swindon CCG, Great Western Hospital (GWH), SEQOL and Wiltshire Council to tackle the high number of patients having their discharge from hospital delayed. A delayed discharge occurs when a patient is assessed by the hospital clinicians as being ready to leave, but they are unable to do so because of delays in arranging the care and support they need to manage at home or in residential/nursing homes. The main reasons for the delays at GWH were due to assessments not always being completed in a timely manner, waiting for residential care and nursing care provision, and arranging discharge for non-Swindon residents.
- 3.6 This programme is focussing on delivering a sustainable reduction in the number of Delayed Transfers of Care (DTOC) across the health and care system by November 2016, with a planned reduction of current numbers by at least 50% until March 2017. Reducing delays will help patients return home when they are able to, and maintain their independence at home where possible.
- 3.7 Joint weekly meetings are held between SEQOL, GWH, and Swindon Borough Council (SBC) to investigate every delay so we can take action to remove blockages. Using this local intelligence has enabled us to commission the right care and support for people leaving GWH which has led to better outcomes at both individual and organisational levels as well as ensured resources are used to best effect. As a result, we commissioned additional domiciliary bridging services and pilot nursing beds, and 1,000 extra hours a week of domiciliary care (15% increase). These improvements have been partly funded by The Better Care Fund (BCF) with some investment from SBC and we are now providing an extra £1.6m for older people care packages.
- 3.8 Our challenge for the year ahead is to continue to reduce delays in discharging patients from GWH whilst also delivering savings in 2016/17. We are already experiencing additional pressures on the budget for 2016/17 due to continued

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demand from hospital discharge, which are currently projected to create additional demand of £1.691m in Older People services. In previous years additional funding has been received from The Department of Health as winter pressures funding, however this has now been incorporated into the Better Care Fund.

- 3.9 Our 2015/16 year-end result for delayed discharges attributable to social care was 8.3 per 100k population, compared to a South West average of 7 per 100k population. However, we are now benefitting from improved processes and increased provision. In May 2016 Swindon, was the fourth best performing local authority in the South West with a rate of 3 compared with the South West average of 7.8 per 100k population. Swindon was the third best performing local authority for actual bed days lost per 100,000 population at 213 days per 100,000 population compared to regional average of 538 per 100,000 and England average 391 days. The achievements of the joint programme include:

- 3.9.1 Reduction in delays for patients needing domiciliary care due to increased care packages;
- 3.9.2 Improved staff awareness of the need to assess patients quickly through commissioners working with hospital social care staff;
- 3.9.3 Weekly meetings between managers in the hospital multi-disciplinary team and commissioners to improve discharges;
- 3.9.4 Launching the 'Home from Hospital' pilot scheme with Red Cross and Age UK to support service users who are being discharged from hospital. This scheme is designed to provide a holistic and responsive service to those individuals needing support on returning home. Representatives from Red Cross and Age UK engage early with patients during their stay in hospital, and provide ongoing support on returning home to avoid hospital re-admission and help them reintegrate into their local community.

Mental Health

- 3.10 We work jointly with Avon and Wiltshire Mental Health Partnership Trust (AWP) to provide an integrated health and social care service. We continue to strive to provide more service users with increased choice and control. We have exceeded our target to provide adults receiving mental health services with timely annual reviews. We set a target of 76% (based on national average) and are currently performing at 85.2% (672 reviews undertaken), a great improvement from the 35.8% (321 reviews) reported six months ago. We recognise there is a statutory duty to reach reviews for 100% of service users and will set this as an aspiration for all our teams and contracts.

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- 3.11 At year end there was a small decline in the proportion of adults with mental health problems in employment (50 adults, 8.9%) compared to last year (56 adults, 10.1%), but we continue to perform better than our South West comparators and England overall (see Appendix One table 2). However, June position shows improvement with 12.6% of adults with mental health problems in employment. Current initiatives underway to sustain improvement include: ongoing support by care-coordinators for those service users in employment; signposting users to 3rd sector providers for employment skills support (e.g. Learn for Life, Richmond fellowship) and DWP work related training programmes; encouraging and supporting service users to take on voluntary roles within AWP and the wider community; and linking users to organisations and courses which meet their specific interests e.g. Swindon Cricklade Railway and Swindon College. Service users are also supported by the Early Intervention (EI) service and regularly attend physically challenging activities such as rock wall climbing and team based sports. This builds confidence, teamwork and self-esteem. Service users discharged from secondary care services are also offered ongoing support via the Wellbeing Programme (co-ordinated by MIND).
- 3.12 We have fewer adults (326, 58.3%) in contact with mental health services living independently this year compared to last year (384, 69%) and are working with AWP to provide more stable and appropriate settings. While this is disappointing, our performance is better than the average for our South West comparators, as set out in Appendix One, Table 2. Despite the pressures on statutory mental health services, this year we have not had to commission Mental Health beds outside the Swindon area.
- 3.13 We continue to face skill shortages for the availability of qualified Approved Mental Health Professionals (AMHPs) but this mirrors the national picture. The Mental Health Act 2007 places a responsibility on Local Authorities to ensure a 24 hour per day approved Mental Health Act Professional service is in place to undertake statutory Mental Health assessments. AMHPs have the power to make an application for compulsory admission to hospital or make an application for guardianship. We have employed locums following unsuccessful attempts to recruit to permanent posts and are in the process of supporting the approval process for two additional AMHPs from our internal team.

Sexual health

- 3.14 The Sexual Health Strategy 2015 has been approved by the Health and Well-being Board and adopted by Cabinet (Cabinet Minute 69(2), 2015/16 refers) and CCG. Local authorities are responsible for providing comprehensive, open access sexual and reproductive health services that meet the needs of the local population. Services are based around early detection, successful treatment,

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and partner notification. Promotion of safer sexual and health-care seeking behaviour is also a key element of this strategy.

- 3.15 Latest available data (2014) show that there were 1635 new sexually transmitted infections (STIs) diagnosed in residents in Swindon (763 in men and 872 in women) at a rate of 763.9 per 100,000 residents. This is a decrease compared to 2013 in which 1891 new STIs were diagnosed (853 in males and 1038 in females) at a rate of 892.3 per 100,000 residents. Swindon's diagnosed STI rate for 2014 is below the England average rate of 797.2.
- 3.16 Chlamydia is the most common sexually transmitted infection in Swindon with the highest burden in young people aged 15 to 24 years. In 2014, 5076 chlamydia tests were undertaken (5522 tests in 2013) in this age group with 477 positive tests (574 positive tests in 2013). The chlamydia detection rate in Swindon for 2014 was 1955.5 per 100,000 for 15 to 24 year olds, which was a decrease compared to the 2013 rate of 2302.5 per 100,000 15 to 24 year olds but in line with the England average rate of 2012.
- 3.17 Reducing late diagnosis of HIV is a key priority for Swindon. People with HIV are living longer and this has led to an increase in the number of people in Swindon while the number of new diagnoses remains stable. In 2014, 216 adult residents (aged 15 and older) in Swindon received HIV-related care. There were 11 new HIV diagnoses in Swindon in 2014 and the diagnosed prevalence rate was 1.5 per 1,000 population aged 15 – 59 years, compared to 2.1 per 1,000 in England. This is the latest comparable data available from Public Health England.

Dementia

- 3.18 Dementia is a key priority for Swindon in the context of an increasingly older population and likely demand on health and social care services. It is estimated over 2300 people in Swindon have dementia (based on the Joint Strategic Needs Assessment) and most people wait on average 3 years before reporting symptoms to their GP.
- 3.19 In 2015/16 Adult's Health, Social Care, and Housing Overview and Scrutiny Committee undertook a review of dementia (Minute 48, 2015/16 refers) and highlighted the following key strengths:
- 3.19.1 The Swindon Dementia JSNA and Dementia Strategy 2014-2019 which set out Swindon's priorities;
 - 3.19.2 JSNA and strategy implementation being overseen by a multi-agency Dementia Steering Group with membership from SBC, CCG, GWH, Alzheimer's Society, SEQOL, Avon & Wiltshire Mental Health Partnership

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(AWMHP), Swindon Dementia Action Alliance, and Wiltshire Police Service;

3.19.3 GWH has its own dementia strategy and work has taken place on Jupiter Ward to ensure it is dementia friendly; and the work being undertaken by Dementia Action Alliance (a community group with membership from Zurich Trust, Care providers, Wyvern Theatre, ambulance service, a carer and libraries) to make Swindon more dementia friendly; and

3.19.4 The importance of healthy lifestyle choices in preventing dementia and the need to raise public awareness.

3.20 In 2015, patients were waiting several months for a diagnosis through the Memory Clinic. This has been reduced and patients now receive a diagnosis within 4 weeks following CCG investment in the service.

Pledge 27: Ensure that more people and their carers are supported to live as independently as possible)

Adult Social Care

3.21 The Adult Social Care Outcomes Framework (ASCOF) measures how well our care and support services achieve the outcomes that matter most to people. This Framework includes a set of indicators which measure people's quality of life and their experience of the care and support they receive. The indicators measure performance across four domains:

3.21.1 Enhancing quality of life for people with care and support needs,

3.21.2 Delaying and reducing the need for care and support,

3.21.3 Ensuring people have a positive experience of care and support, and

3.21.4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

3.22 Although the demand for care and support continues to grow (see Appendix One tables 1a & 1b), it is encouraging that compared to last year, Swindon people are generally experiencing better care and support from our local services. Our performance data confirm that we are providing more service users with increased choice and control through the provision of personal budgets and direct payments (see Appendix One table 2). During the year we carried out 5,069 social care assessments. At the end of March 2016, 1184 clients (82.6%) were in receipt of a personal budget and 354 (35.6%) of these clients received their budget through a direct payment (payments made directly to the client, or to someone acting on their behalf, so they can arrange and pay for their own care

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and support services). This is below the target of 100% which we will strive towards in 2016/17

- 3.23 We recognise that all care and support plans should be reviewed every 12 months to ensure client's needs are being met appropriately and those eligible for a support plan receive a personal budget. Capacity and workload is impacting on our ability to fully meet his requirement as demand for services continue to rise. This mirrors a national picture with most local authorities in England reporting backlogs of care package reviews, with some areas reporting more than 40% of reviews are overdue. We set ourselves a target of 71% this year which we have slightly exceeded by performing at 72.3% (3992 users). We have undertaken 163 more reviews this year, a 4.23% increase. We will continue to strive to meet our target of 76% by the end of March 2017.
- 3.24 The results from our statutory annual client survey are particularly pleasing this year (see Appendix One, table 3). We sent out 916 surveys to users to get their views on our local adult social care services. 463 responded giving a response rate of 50.5%, which is an improvement on last year (46%). The survey findings show greater user satisfaction with our support and services and Swindon is now performing better than the averages for the South West and England overall.
- 3.25 In February 2015, it was agreed to bring Learning Disabilities and Transitions services back in house so SBC could focus on developing and transforming these services to be more responsive to the needs of clients and provide better value for money. The Learning Disability (LD) Social Work Team was transferred from SEQOL to SBC on 1st October 2015. We have appointed two Operational Managers which has improved both practice and management oversight. We have also recruited additional qualified social workers so are less reliant on agency staff. In August 2016, we are employing less than three agency workers in the LD Social Work Team.
- 3.26 Link Worker posts were created in Adult Social Care in December 2015 in recognition that we needed to provide a more seamless transition service in supporting young person with learning disabilities prepare for adulthood. This has enabled adult services to work with young people and their parents from the age of 16 and 17 years. Link Workers provide continuity and support to young people and families to help plan for their future aspirations (including work) as well as assist them to use local community resources to reduce their reliance on more specialist and costly services.
- 3.27 We have worked with an external organisation, Paradigm, to develop "Planning Live" events. To date, 17 young people have participated in these events of which six were care leavers. Commonweal School is also independently continuing to use this approach in year 9 to support young people when choosing options. These events help young people and their family to focus on the young

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person's strengths, interests, and aspirations for adulthood. Young people and their family have reported these events have enabled them to be better prepared and to engage more actively with professional when planning their future. Link Workers maintain contact with young people and families into adulthood.

- 3.28 The Transitions Programme continues to focus on improving services for young people in transition to adulthood. Better outcomes are being achieved through earlier and more targeted intervention through the provision of more appropriate and cost effective support packages.

Vulnerable Adults Board savings

- 3.29 Spend on Adult Social Care comes from the General Fund Revenue Account. The budget for 2015/16 was £61.125m (see Appendix One table 4a & 4b). This included funding for additional demand (paragraphs 3.47 to 3.50) of £2.180m and an agreed savings plan of £4.359m. The demand for care and support continues to grow and overall 44.7% of the Council's general fund was spent on Adult Social Care. The final outturn position for 2015/16 was a budget pressure of £0.669m on Adult Social care. The main budget pressure was on providing care to people with physical support 65 + years at £1.818m. This pressure was partly matched by additional savings in learning disability, voluntary organisations and one off staff savings. The delivery of the agreed savings plan and the additional savings have been achieved by delivering new approaches to care, the re-negotiation of contracts, timely review of care packages and efficiency savings in the voluntary sector.

Learning Disability Partnership Board

- 3.30 The Learning Disability Partnership Board continues to support successfully people with learning disabilities and their carers to influence developments in Swindon in health, social care and the wider community. This year the Board focussed on: improving Community Based Opportunities for People with Complex Needs; the Council website 'My Care My Support' (MCMS); and Your Experience at Hospital. This led to some key changes to the Council website including the use of simpler language, more Makaton symbols, better coverage of support services for people with dementia and people with Autism. In response to 'Your Experience at Hospital' Forum, GWH is re-launching the hospital passport for people with LD and introducing a carer passport. The passport seeks to reduce patient vulnerability by connecting the people who know them best to hospital staff. It provides key information about medical conditions and medication taken which can help acute staff have a better understanding of the patients' needs. LD awareness training is being provided for all GWH staff and more hospital information is being provided in easy read formats e.g. signs and menus.

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Local Safeguarding Adults Board

- 3.31 We have continued to maintain and develop the profile of safeguarding adults. This year we established a dedicated in-house adult safeguarding team, which has enabled us to provide a more responsive service with a single referral point. We have adopted the principles of making safeguarding personal (Local Government Association initiative) which ensures the person with the safeguarding concern is at the centre of all our processes. We have also developed a new strategy.
- 3.32 The number of alerts regarding allegations of abuse continues to increase, but this is more likely to reflect improved awareness, reporting and recording rather than an increase in the number of incidents of abuse. In 2015/16, there were 1121 reports, a 57% increase compared to last year. However, 172 extra cases were due to the category of 'self-neglect' being added to the definition. 421 reports progressed to an enquiry stage (similar performance to previous years), and 145 of these cases were substantiated either partially or fully. This appears to reflect the national picture. Further analysis will be included in the 2015/16 Local Adult Safeguarding Annual Report for publication in October. We are working with our partners to ensure staff training is in place to reduce the number of alerts that do not lead to an enquiry as these tend to relate to quality rather than safeguarding issues.
- 3.33 This year we established a multi-agency Risk Enablement Panel in Swindon to support adults who are considered high risk but are believed to have Mental Capacity. The Panel is funded from One Swindon and has led to improved risk sharing across agencies. Since January 2016, the Risk Enablement Panel has been involved in four complex cases. The meetings have been well attended and provided the opportunity for agencies to share concerns and ideas. To date the panel has led to positive outcomes for two individuals: the diagnosis of a learning disability, which led to the identification of a suitable placement to meet the individual's care and support needs that had previously been unmet; and the granting of a Civil Injunction to support an individual in positive behaviour change as well as protecting our working, leisure and residential communities. The other cases are on-going and require longer term multi-agency work.

Voluntary Sector Contracts

- 3.34 We have worked closely with the voluntary sector to deliver the new duties arising from the Care Act 2014. Swindon Advice and Support Centre (SASC) continue to offer a wide range of services. Footfall has increased to over a 1000 people indicating the added value of co-locating key voluntary sector providers. Citizens Advice Bureau (CAB) has supported over 8,700 people during 15/16 on a variety of different issues but mainly relating to debt and finance. Healthwatch Swindon was successfully re- tendered and the new contract with Care Forum

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began in April 2016. The Harbour project has dealt with an increasing number of asylum seekers and refugees over the past year and has supported women and children to more actively engage with their support plans. At the end of 2015/16, 532 individuals were recorded on the Harbour client list, which is a 30% increase from the beginning of the year.

- 3.35 Carers are a vital asset to our service and provide regular and substantial support for service users. Swindon Carers Centre continues to raise the profile of Adult Carers and 2,723 carers had registered with them at the end of 2015/16. The Centre is working in partnership with SBC to ensure it is Care Act compliant and is supporting the on line assessment tool for Carers Assessments in My Care My Support. With the support of the Swindon Carers Centre, we have completed a total of 1369 carer assessments / reviews during the year, a similar number to the previous year (1367 assessments/reviews).
- 3.36 Swindon Advocacy Movement (SAM) has successfully delivered the pilot Advocacy Service that encompassed Independent Mental Capacity Advocacy (IMCA)/Independent Mental Health Advocacy (IMHA) and Care Act statutory requirements. SAM has developed a new process and approach to ensure people receive timely advocacy when they need it. An 'On Call' model is working well to offer immediate responses to advocacy enquiries and serious medical treatment referrals. The quick response times have meant that delays to treatment have been minimised.
- 3.37 Overall, during 2015/16, 278 people accessed an advocacy service although a number of users received more than one episode of advocacy support. 173 individuals used the IMCA service, 68 used the IMHA service and 37 Care Act advocacy. As an awareness of advocacy support increases and the advocacy duty becomes more embedded, the expectation would be for referrals for Care Act advocacy to increase. Each quarter, service users and professionals provide feedback on the outcome of the advocacy episode as well as the outcome for the individual (personal outcome). A detailed evaluation of outcomes for all the advocacy episodes is undertaken. To date, outcomes have been very positive with users feeling more supported and listened to as well as having better access and understanding of information.
- 3.38 SBC is working in partnership with MIND to develop a Pilot programme to deliver therapeutic intervention and support for people with learning disabilities and care leavers who have low level mental health issues. The MIND support workers actively engage and support service users to prevent deterioration of their mental health and escalation into crisis. The pilot programme will run for six months and will be reviewed. Staff training has been made available to MIND staff.

Supported Housing

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- 3.39 In 2015/16, we provided 433 units of supported housing and individual support to 167 people within their own home. In total we have support 1,039 people and/or families. During the year, 458 people/families either left Supported Housing or stopped receiving support of which 339 (74%) were supported into more appropriate housing (either a private or social tenancy or more specialist supported housing) or helped to maintain their current accommodation. These services were also able to help support 88 people into employment, education or training. In April 2015, we improved our reporting processes to provide more robust evidence to inform our commissioning intentions. We have introduced a new way of measuring the improvements for people living in supported housing which we will be able to report on in 2016/17.

Development of Hawthorns and Bungalows

- 3.40 Housing and Adult Social Care Services have worked together with the Borough Architect to develop an innovative bungalow design to accommodate some of Swindon's most vulnerable residents, including older people and those with learning or physical disabilities. The design is timber frame, so it is quick and affordable to build and can be replicated anywhere in the borough, which will enable the Council to help people with care needs to stay within their community so they can be close to family and friends.
- 3.41 In the first phase, three sites will be developed – 5 bungalows each in Bembridge and Sycamore, and a further 24 bungalows at Hawthorns. Hawthorns site is adjacent to the Firethorn respite provision, which will help deliver efficiency savings for Adult Social Care. Early consultations prior to planning application stage supported a smoother process and reduced neighbours' anxieties about the proposed development. Planning permission has been secured for the Bembridge and Sycamore sites and is due for the Hawthorns site in July 2016. Procurement of the contractor is underway, and works on all sites will commence in autumn 2016, with completion of Bembridge and Sycamore expected in spring and completion of Hawthorns in summer 2017. Identifying 34 service users to move into this new accommodation within a few months will be a challenge, however, Adult Social Care have already started identifying potential service users to plan ahead and ensure void times are kept to a minimum.

Pledge 30: Reducing smoking prevalence to less than England average

- 3.42 Wider tobacco control work has continued across Swindon to promote the smoke free agenda and reduce the number of people who smoke. This has had a positive impact on the smoking prevalence rate for Swindon which has reduced from 19.4% in 2013 to 17.8% 2014 which is now lower than the England average 18%. However, smoking prevalence amongst our routine and manual workers remains significantly higher at 24.3%. Data for 2015 will be available October 2016. Our challenge is to address the higher prevalence of smoking amongst the

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disadvantaged social groups in Swindon to reduce their health risks and help lift them out of poverty.

- 3.43 Smoking in pregnancy rate has reduced from nearly 13% in 2014/15 to 11.4% for 2015/16 (approx. 320 women). Reducing the uptake of smoking by children and young people remains a priority. The latest 'What About YOUth' survey has calculated Swindon's smoking prevalence amongst 15-year-olds to be 7.5% compared to the England average of 8.2%. This performance reflects the intensive school based initiatives we have undertaken to support young people to make healthy choices and our ongoing work to de-normalise smoking.

Complaints

- 3.44 Although overall satisfaction with services is reasonable high, we recognise we are always going to receive complaints. We endeavour to resolve complaints at an early stage and use them positively to change processes or practice where appropriate. This year we updated our complaints policy to make it Care Act compliant.
- 3.45 During 2015/16, the majority of complaints were resolved locally with only 35 complaints being escalated for more formal investigation. Learning from complaints has led to service improvements in Learning Disability (LD) and safeguarding. We have developed a protocol between Children and Adult Services to ensure that parents with LD receive appropriate support from Adult Social Care to address any specific needs arising from their disability which might impact adversely on their parenting capacity. We also commissioned additional Advocacy for parents with LD, which Adult and Children's Services can access. We have improved our arrangements to ensure actions agreed following a safeguarding concern are addressed by relevant providers. Following investigation, we have not upheld any complaints this year that relate to financial contributions by service users.

What would you do differently?

- 3.46 Being new to the portfolio, there has been little opportunity to reflect in terms of doing things differently. There are, however, significant challenges facing the portfolio.

What are the challenges facing the portfolio?

Managing Demand

- 3.47 Swindon's population will increase faster than the national average from 2016/17 with the most significant rise expected in 2017/18. This population rise, along with the new housing developments, will impact on health and care. Work is ongoing to get the balance of care right between supporting people with high

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levels of need and maintaining investment in community-based and “preventative” services to help people maintain their independence

- 3.48 The demand for care and support continues to grow and in 2015/16, 44.7% of the Council’s general fund was spent on Adult Social Care. This year the demand for physical support for people aged over 65 has been well above expectations. Care home placements in 2015/16 were 10.1% above 2014/15 levels and clients being supported by home care in 2015/16 were 5.7% above the levels in the previous year. As mentioned previously, supporting people being discharged from hospital has been a major challenge and new contracts have been put into place (nursing pilot beds and additional domiciliary care) to support people leaving hospital.
- 3.49 In 2015/16 we had more clients who were eligible for support and many of whom had more complex needs requiring specialist or expensive care packages or placements. During the year we supported 5,547 clients (1,919 were younger adults and 3,628 older people 65+) and the average direct cost of care was £7,686. This is a 5.2% increase in service users (273 people) and a 0.9% rise in average cost ((£66) compared to last year. The contributory factors to the rise in the cost of care are associated with the increase in the cost of domiciliary care per hour and the amount paid for care homes.
- 3.50 The need to reduce delays in hospital discharge led to budget pressures. The majority of hospital discharge support was required for people who were frail and elderly. As mentioned above, new nursing pilot beds and additional home care services were commissioned to speed up the discharge process and limit delays. To respond to the increasing demand to support these frail elderly clients, SBC has funded 10% more care home placements (23) and delivered 15% more care hours (1000 hours).

2016/17 Budget pressures

- 3.51 To deliver effective and responsive services within budget will be a challenge in the year ahead. The ring fence grant for Public Health is £10.635m for 16/17. Although this year’s grant is higher than 2015/16, it does represent a grant reduction of £0.246m due to the additional responsibilities and budget transferred from Health to the Council. Responsibility for health visitors, school nurses and other children services transferred in October 2015. While the Public Health reserve puts Swindon in a reasonable position to meet the savings target imposed by Department of Health for 2016/17; there are further reductions in grant planned for the next 3 years from 2017/18 of approx. £380k per annum.
- 3.52 The 2016/17 Adult Social Care budget includes an investment to meet rising demand from Physical Support (Older People) of £1.6m and Learning Disability services of £1.3m. This is in addition to the funding provided to meet the cost of

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inflation and increases in minimum wage which impact on domiciliary care and care home providers. However, this additional investment has increased the savings targets as the service is required to maintain flat cash at year end. The 2016/17 budget plans include savings targets totalling £6.763m. Supporting people and third sector contracts represent £0.644m of this total and £5.519m relates directly to social care services.

- 3.53 The Better Care Fund (BCF) for 2016/17 has been confirmed at £13.047m. The BCF consolidates many previous funding streams and includes funding for both Health and Social Care. The social care share of the BCF is £0.897m capital and £4.986m revenue funding. Social Care received increased funding of £200k of which £138,754 is to support hospital discharge.
- 3.54 May 2016 monitoring report is forecasting an overspend of £1.117m by the end of the financial year if no mitigating actions are taken. Demand pressures on older people services particularly around hospital discharge are causing pressures. Commissioners are exploring ways in which the pressures can be managed effectively including increasing capacity to undertake assessments and reviews in order to determine where care packages can be reduced as patients recover at home following hospital discharge.

Cost of Learning Disability Services

- 3.55 Spend on Learning Disability social care per service user in Swindon is high compared to other local authorities. Both Swindon and Wiltshire have above average expenditure on support for adults with Learning Disabilities due to high numbers placed in residential care and the high support costs in supported accommodation. The total budget for learning disability care packages in Swindon is £21.946m out of a total Adult Social Care budget of £55.682m. There are 667 service users with a learning disability in Swindon, of whom 192 are in residential care.
- 3.56 Supported Living provides an alternative to living in a care home. Users have access to the care and support they need to enable them to live in their own home and be independent. A variety of provision is required to meet the range in the level of need across the client group. In Swindon, we currently provide 173 adults with supported accommodation but our provision is limited. Commissioners are undertaking a tendering process to attract more providers into Swindon to support a greater number of service users to live independently and have more control over their lives. We are working closely with our Housing colleagues to achieve this.
- 3.57 A detailed review of all 'out of area' residential care packages has been completed to identify opportunities for service users with learning disabilities to live closer to Swindon. Rates for supported living have been renegotiated, and a

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Learning Disability Respite service, Firethorn, has been insourced. Savings of £3.134m were achieved in 2015/16. The savings target for 2016/17 for learning disabilities is £3.146m. The team are focussing on ensuring clients are as independent as possible and appropriate universal services are accessed.

- 3.58 Our Transforming Care Plan, jointly developed with Wiltshire, focusses on providing community services and local inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. This is a national requirement following Winterbourne View with NHS England overseeing implementation. The key challenge is to ensure partners are fully engaged in delivering the plan, and for adults with LD and their carers to have their views taken on board.

Employment of People with a Learning Disability

- 3.59 The percentage of people with learning disabilities in employment in Swindon is low, at 3.65% (21 adults) and reduced from 4.2% (28 people). To improve performance and to reach our target of 6% (40 people) we are supporting a number of young people to participate in Supported Internships. These are aimed specifically for young people aged 16-25 years who have an Education Health and Care Plan to support them with their educational needs. The aspiration is for the young people to complete these courses (in one or two years from September 2016) and for them to be skilled to enter employment. In 2015/16, out of the eight young people who started supported internships at Wiltshire College, six completed. One young person has subsequently progressed into work. In 2016/17 academic year there will be five learners undertaking a supported internship and seven undertaking the preparation for supported internship at the Uplands Education Trust (UET).

Developing New Care Models

- 3.60 In February 2016, Cabinet agreed to give a 12-month notice period to SEQOL who are contracted to deliver community health and social care services. This decision was informed by the need for more active demand management and the requirement to achieve financial balance. It was recognised we needed new models of care to reduce the demand for specialist adult social care services whilst also contributing to the Council Budget 2016/17 savings and beyond. We are working with CCG and SEQOL to prepare for implementing our new models of care for community health and social care services from March 2017. The models are informed by Newton Europe's research and aim to support people to lead healthy and independent lives. Current activities include:

3.60.1 Insourcing social work services for adults and hospital social work whilst maintaining co-location of hospital social work services within GWH;

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3.60.2 Re-shaping and re- tendering services that do not easily fit into the model of an integrated acute and community health e.g. older people residential care, day services for those with a learning disability and older people and housing support

3.60.3 Commissioning and tendering telecare, telehealth, equipment and Rapid Response and Reablement services as part of the commissioning of domiciliary care and community support services;

3.60.4 Commissioning Single Point of Access jointly with CCG as part of the Accountable Care Organisation;

3.60.5 Re-tendering the existing residential care homes, modelling Fessey as a facility for individuals with dementia and reviewing the long-term options for Whitbourne House.

Health Inequalities

3.61 Although Swindon has low rates of poverty and deprivation and generally our Swindon residents enjoy good health, there is a real gap between the affluent and less affluent areas, which are we working to address. Health Inequalities across Swindon continue to be a concern with higher rates of smoking, physical inactivity and obesity amongst our more vulnerable and deprived communities. Lifestyle and unhealthy behaviours can increase the risk of dementia, cancer, cardiovascular disease, diabetes and it is estimated that around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and obesity. The gap in male life expectancy between the most and least deprived areas of Swindon has grown from 7.2 years in 2010-2012 to 9.7 years in 2012-14 and is now the largest gap in the South West.

3.62 Swindon's teenage conception rate has seen a 63.9% decrease between 1998 and 2014. Latest available data shows Swindon's conception rate as 20.0 per 1000 teenagers aged 15-17 year (24.4 per 1,000 teenagers aged 15-17 years in 2013) is now below the national average for teenage conception rate which is 22.8 per 1000 teenagers aged 15-17 years (24.3 per 1000 15-17 year olds in 2013). Despite the significant reduction in the under 18 conception rate in Swindon, there is still considerable variation between wards, with the more deprived wards seeing higher rates. The latest annual ward conception data for 2011 – 2013 varies from 10.75 (per 1000, 15 – 17 year olds) in Wroughton and Chiseldon to 73.60 (per 1000, 15 – 17 year olds) in Penhill.

Deprivation of Liberty

3.63 Following the Cheshire West judgment, funding of Deprivation of Liberty Safeguards remains a key issue for local authorities. Deprivation of Liberty

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Safeguards (DoLS) relates to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity. The safeguards protect their rights and make sure that any care that restricts a person's liberty is both appropriate and in their best interests. Four local authorities have lodged a claim for judicial review against the Department of Health over the level of funding for the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty in the community continues to be a challenging issue, until new legislation comes into force the only way that such a deprivation of liberty can be authorised is by application to the Court of Protection. This legislation is not expected until 2017/18 at the earliest

Priorities for 2016/17

- 3.64 We are committed to ensuring that everyone lives a healthy, safe, fulfilling, and independent life and is supported by thriving communities. Increasingly, our role is to support communities and volunteers so that local problems can be solved by local people to meet local needs. We continue to build on the existing strong tradition of voluntary work in Swindon to ensure that Council volunteering continues to make an impact. From the busy work programme for 2016/17, the Cabinet Member, in consultation with officers, has identified the following key areas to highlight to Scrutiny how people are being supported to help themselves while also protecting the most vulnerable adults in the year ahead:
- 3.64.1 Proactive Prevention – continue to build community capacity and promote <http://mycaremysupport.co.uk/> so that people are as independent and healthy as possible and their isolation is reduced.
 - 3.64.2 Learning Disability – continue to improve service quality with more people living locally with the right support as well as ensuring a seamless transition for young people moving to adulthood and improving their access to employment.
 - 3.64.3 Older People – working with communities and partners to manage demand by promoting 'Ageing Well' (falls prevention, social cohesion/isolation, dementia friendly community and end of life) to keep older people safe and as independent as possible.
 - 3.64.4 New Models of Care – working with partners to implement our new models of care for community health and social care services so that people lead healthy and independent lives.
 - 3.64.5 Discharge from hospital – continue to reduce delayed discharges from hospital by working with providers of residential and domiciliary care, SEQOL, GWH and the CCG.

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3.64.6 Diabetes and Obesity – reducing levels of obesity and diabetes are part of the sustainable Transformation Plan (STP) and we will continue to work jointly with Wiltshire and Bath & North East to design and implement appropriate solutions to meet local need.

3.64.7 Joint Strategic Needs Assessments (JSNA) – continue to provide timely information and intelligence on the health and social care needs of Swindon residents to inform commissioning intentions.

4. Alternative Options

- 4.1 The Committee can choose not to operate a Cabinet Portfolio Question and Answer session system.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended) requires every Local Authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Committee and in any recommendations made by the Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

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Risk Management

- 5.5 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Committee and if it makes any recommendations.

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None

8. Appendices

- 8.1 Appendix One Background activity and financial information provided for 2015/16
- 8.2 Appendix Two Glossary